Best Available Copy													
								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR								alesticos					
									1/8		942		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								AALL EN		OR	OTHER SMALL I		
TOTAL CLAIMS			15					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FÉE	· 710.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		· Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			7 minus 3 =		• 4			X40=		OR	X80=	720	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	10 30		
CLAIMS AS AMENDED - PART II										•	OTHER		
5	1 7 05 (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT   EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 7	Minus	•	20	= /		X\$ 9=		OR	X\$18=		
	Independent	• 7	Minus	***	2_	= /		X40=		OR	X80=	·	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	v	
	Independent	·	Minus	***	T CL AINA	= -		X40=	_	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus			=	lΓ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		8	l	X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "U" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE													
		nber Previously Pa					er toun	d in the ap	propriate bo	x in co	tumn 1.		